

Licensure As a Lactation Consultant

Please follow these easy steps to ensure that your application is processed as quickly as possible.

1. Complete the application in its entirety. Indicate N/A for any blanks that are not applicable.
2. Include a check or money order payable to the Professional Licensing Boards Division in the amount of \$100.00. Please note that application fees are non-refundable.
3. Please have verification of certification as an International Board Certified Lactation Consultant from the International Board of Lactation Consultant Examiners sent electronically to nursing@sos.ga.gov.
4. Applicants are required to disclose all felony convictions and discipline by other regulatory boards. If you have been convicted of a felony or disciplined by any other regulatory board or agency please provide a certified copy of the official documents showing the final disposition of the incident as well as a personal, detailed letter of explanation regarding each incident. To avoid processing delays please submit all documentation as part of your application packet.
5. Georgia law requires applicants to submit secure and verifiable documentation regarding their United States citizenship status. Submit a copy of your driver's license, United States passport or other document as indicated on page 3 of the application packet. To avoid processing delays please submit the required documentation as part of your application packet.
6. Have your completed application notarized.
7. Georgia law requires applicants for licensure to complete a criminal background check. Please visit our website at www.sos.ga.gov/index.php/licensing/plb/63, click on "Licensure" and view the instructions for completing a criminal background check.
8. Submit your completed application to the Professional Licensing Boards Division for processing. Applications are processed in the order in which they are received. To avoid processing delays please be sure to include all required documentation with your application packet. Applications are valid for one year from the date of submission. When mailing your application please use a 9x12 envelope and do not fold or staple any of the documents.



Georgia Secretary of State

237 Coliseum Drive
Macon, Georgia 31217
(844) 753-7825

www.sos.ga.gov/index.php/licensing/plb/63

Application for Licensure as a Lactation Consultant

Non Refundable Application Fee: \$100.00

Date Entered _____
Receipt # _____
Submitted \$ _____
Certificate # _____
Date Issued _____

☐ Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

Demographic Information

Please Print Legibly or Type all Information

Last Name:	First Name:
Middle Name:	Previous Name(s):
Social Security Number:	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email:

Physical Address Information – Applicants must provide a physical address of record.
A post office box is not acceptable for this field.

Physical Address:		
City:	State:	Zip:

Mailing Address Information - Pursuant to O.C.G.A. §43-1-2(k), if issued a license, your mailing address and license number are public information and will appear on the Board's website. A post office box may be used for this field.

Mailing Address:		
City:	State:	Zip:

Phone:	Alternate Phone:
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Certification Information

Applicants must have verification of certification as an International Board Certified Lactation Consultant from the International Board of Lactation Consultant Examiners sent electronically to nursing@sos.ga.gov.

Are you certified as an International Board Certified Lactation Consultant by the International Board of Lactation Consultant Examiners? ☐ No ☐ Yes

Certification Number _____

Criminal and Disciplinary Information

Failure to reveal a felony conviction may subject your license to a disciplinary order and fine.

Have you ever been convicted of a felony?

☐ No ☐ Yes

Note: The answer to this question is "Yes" if your conviction has been pardoned, expunged, dismissed or deferred, you pled and completed probation under First Offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.

If "yes," please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident.

Have you ever had a license revoked, suspended, or otherwise sanctioned by any professional licensing board or agency in Georgia or any other state?

☐ No ☐ Yes

If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to our office. Your application will not be processed until this information is received and reviewed.

Have you procured or attempted to procure a license by fraud, deceit, misrepresentation, misleading omission, or material misstatement of fact?

☐ No ☐ Yes

Have you willfully or negligently acted in a manner inconsistent with the health or safety of persons under your care?

☐ No ☐ Yes

Have you ever committed a fraudulent insurance act?

☐ No ☐ Yes

Do you excessively or habitually use alcohol or drugs?

☐ No ☐ Yes

Do you have a physical or mental disability that renders you incapable of safely administering lactation care and services?

☐ No ☐ Yes

Citizenship and Immigration Information

Georgia law requires applicants to submit a copy of your Secure and Verifiable Document. This includes a copy of your driver's license, United States Passport or a copy of your current immigration document(s) which includes your alien identification number, I-94 number and SEVIS ID if required.

A complete list of secure and verifiable documents published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: <http://sos.ga.gov/admin/files/svd2013.pdf>

Applicant Affidavit

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations for lactation consultants and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other lawful document.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

Under penalties of perjury, I understand that any false or misleading information in, or in connection with my application, may be cause for denial or revocation of licensure. In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action and/or criminal prosecution.

Printed Name of Applicant

Date

Applicant Signature

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public

Commission Expiration Date

- THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY -

Application Checklist

To ensure that your application is complete, please use the following checklist:

Enclose a check or money order payable to the Professional Licensing Boards Division in the amount of \$100.00. Remember—application fees are nonrefundable.

Have verification of certification as an International Board Certified Lactation Consultant from the International Board of Lactation Consultant Examiners sent electronically to nursing@sos.ga.gov.

Enclose secure and verifiable documentation of United States citizenship or legal immigration status.

Register for your criminal background check with Gemalto/GAPS.

Submit your completed application to:

Professional Licensing Boards Division
237 Coliseum Drive
Macon, Georgia 31217
844-753-7825

www.sos.ga.gov/index.php/licensing/plb/63

You may check your application status by visiting our website at www.sos.ga.gov/index.php/licensing/plb/63 and click on "Application Status."



Professional Licensing Boards Division

237 Coliseum Drive

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Criminal Background Consent Form

Last Name:		First Name:	
Middle Name:		Previous Name(s):	
Social Security Number:		Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race:	
Physical Address:			
City:		State:	Zip:

I hereby authorize the Professional Licensing Boards Division to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I give consent to the agency to perform periodic criminal history background checks for the duration of my licensure with this state.

Applicant Signature

Date